

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re:

TERRY WAYNE SLAGLE
BRENDA SUE SLAGLE
Debtor(s)

Case No. 11-50461

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Herbert L. Beskin, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 04/01/2011.
- 2) The plan was confirmed on 10/07/2011.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 02/16/2016.
- 6) Number of months from filing to last payment: 59.
- 7) Number of months case was pending: 64.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$12,591.33.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$17,809.94
Less amount refunded to debtor	\$4,309.94

NET RECEIPTS: **\$13,500.00**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$2,309.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$835.76
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$3,144.76**

Attorney fees paid and disclosed by debtor: \$391.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ALL AMERICAN AMBULANCE	Unsecured	3,000.00	NA	NA	0.00	0.00
AMERICAN RADIOLOGY	Unsecured	6.00	NA	NA	0.00	0.00
ANIMAL CLINIC OF ROCKBRIDGE	Unsecured	384.00	NA	NA	0.00	0.00
AOL	Unsecured	47.96	NA	NA	0.00	0.00
ASHLEY FUNDING SERVICES LLC	Unsecured	NA	567.00	567.00	74.38	0.00
ASHLEY FUNDING SERVICES LLC	Unsecured	NA	25.83	25.83	3.39	0.00
AUGUSTA HEALTH CARE	Unsecured	12,000.00	12,184.68	12,184.68	1,598.31	0.00
AUGUSTA HEALTH CARE	Unsecured	25,000.00	NA	NA	0.00	0.00
BLUE RIDGE DERMATOLOGY	Unsecured	417.43	NA	NA	0.00	0.00
BLUE RIDGE RADIOLOGIST	Unsecured	270.00	NA	NA	0.00	0.00
BUENA VISTA MEDICAL ASSOCIATE	Unsecured	700.00	NA	NA	0.00	0.00
CAPITAL ONE BANK (USA), N. A.	Unsecured	1,400.00	1,394.53	1,394.53	182.93	0.00
CARILION CLINIC	Unsecured	13,298.66	NA	NA	0.00	0.00
CARILION CLINIC	Unsecured	3,291.00	NA	NA	0.00	0.00
CARILION CONSOLIDATED LABORATORY	Unsecured	170.00	NA	NA	0.00	0.00
CARILION DEBT RECOVERY	Unsecured	152.00	NA	NA	0.00	0.00
CARILION HEALTHCARE CORP	Unsecured	9.00	NA	NA	0.00	0.00
CIVISTA MEDICAL CENTER	Unsecured	7,000.00	NA	NA	0.00	0.00
COSMETIQUE	Unsecured	53.00	NA	NA	0.00	0.00
CREDIT ACCEPTANCE CORPORATION	Unsecured	7,000.00	6,234.85	6,234.85	817.85	0.00
DOUBLEDAY BOOK	Unsecured	184.79	NA	NA	0.00	0.00
DR. RONALD DOWNEY	Unsecured	616.73	NA	NA	0.00	0.00
EMERGENCY MEDICINE ASSOCIATE	Unsecured	450.00	NA	NA	0.00	0.00
FASHION BUG	Unsecured	492.34	NA	NA	0.00	0.00
FHA	Unsecured	1.00	NA	NA	0.00	0.00
GENESIS FINANCIAL SOLUTIONS, INC.	Unsecured	2,000.00	2,009.31	2,009.31	263.57	0.00
GENESIS FINANCIAL SOLUTIONS, INC.	Unsecured	NA	1,413.02	1,413.02	185.36	0.00
HARLEY DAVIDSON CREDIT	Unsecured	5,000.00	NA	NA	0.00	0.00
LAB CORPORATION OF AMERICA HOLDINGS	Unsecured	25.83	NA	NA	0.00	0.00
LEXINGTON VA EMERGENCY PHYSICIANS	Unsecured	300.00	NA	NA	0.00	0.00
LEXINGTON VIRGINIA EMERGENCY	Unsecured	221.22	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
MURRAY E. JOINER	Unsecured	325.00	324.20	324.20	42.53	0.00
ORTHOPEDIC ASSOCIATES, LTD.	Unsecured	105.00	NA	NA	0.00	0.00
PHYSICAL MEDICINE REHAB ASSOC	Unsecured	324.20	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOCIATES	Unsecured	9,000.00	14,595.68	14,595.68	1,914.56	0.00
PORTFOLIO RECOVERY ASSOCIATES	Unsecured	5,070.11	0.00	4,944.37	648.57	0.00
PORTFOLIO RECOVERY ASSOCIATES	Unsecured	NA	333.10	333.10	43.70	0.00
PORTFOLIO RECOVERY ASSOCIATES	Secured	2,602.35	8,144.37	2,602.35	2,602.35	0.00
PORTFOLIO RECOVERY ASSOCIATES	Secured	816.00	0.00	816.00	816.00	0.00
REIMAN PUBLICATIONS	Unsecured	31.00	NA	NA	0.00	0.00
ROANOKE MEMORIAL HOSPITAL	Unsecured	15,000.00	NA	NA	0.00	0.00
ROCKBRIDGE AREA COMMUNITY SI	Unsecured	520.00	NA	NA	0.00	0.00
ROCKBRIDGE SURGICAL CLINIC	Unsecured	200.00	NA	NA	0.00	0.00
ROCKINGHAM MEMORIAL HOSPITA	Unsecured	2,000.00	NA	NA	0.00	0.00
SCHEWEL FURNITURE	Secured	90.00	0.00	52.73	52.73	0.00
SCHEWEL'S FURNITURE	Secured	15.00	NA	NA	0.00	0.00
SCHEWEL'S FURNITURE	Unsecured	300.00	NA	NA	0.00	0.00
UVA HEALTH SERVICES	Unsecured	330.00	NA	NA	0.00	0.00
WASHINGTON HOSPITAL	Unsecured	8,454.48	8,454.48	8,454.48	1,109.01	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$3,418.35	\$3,418.35	\$0.00
All Other Secured	\$52.73	\$52.73	\$0.00
TOTAL SECURED:	\$3,471.08	\$3,471.08	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$52,481.05	\$6,884.16	\$0.00

Disbursements:

Expenses of Administration	<u>\$3,144.76</u>
Disbursements to Creditors	<u>\$10,355.24</u>
TOTAL DISBURSEMENTS :	<u>\$13,500.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 07/18/2016

By: /s/ Herbert L. Beskin

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.